

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application.

1) Please cancel claims 16-28 without prejudice or disclaimer of the subject matter thereof.

**Listing of Claims:**

Claim 1 (Previously presented): A method to determine the location of the main incision line in a surgery to correct penis curvature, said method comprising the steps of:

- a) inducing and keeping a penis erect;
- b) determining a line along a central penis axis;
- c) determining a tangential line to each one of two substantially straight segments adjacent to a penis curvature to be corrected;
- d) determining a bisectrix on an intersection of said two tangential lines; and
- e) determining a main incision line circumferential on a body of the penis, whose direction coincides with a direction of the bisectrix.

Claim 2 (Previously presented): The method according to claim 1, in which the penis is kept under maximum erection by means of a pump, wherein said pump is an infusion pump, continuously injecting saline solution into a corpora cavernosa of the penis.

Claim 3 (Previously presented): The method according to claim 1, in which an extension of said main incision line is enough to fully break force lines present on a curved region of the penis to be corrected.

Claim 4 (Previously presented): The method according to claim 1, which is employed in a corrective surgery to increase a shorter side of the penis.

Claim 5 (Previously presented): The method according to claim 1, which is employed in a corrective surgery to reduce a longer side of the penis.

Claim 6 (Previously presented): The method according to claim 1 further comprising the steps of:

- f) determining two perpendicular lines respectively to said tangential lines, each one over a straight segment of the penis, so as not to cross the curved region;
- g) determining a difference between an extension of a first side and an extension of a second side of the penis, between said two perpendicular lines, wherein said first side is a side of the penis longer than the second side;
- h) determining a perpendicular line to the main incision line, passing at a perpendicular line end point with the same length of said difference, with end points equally distant from the bisectrix;
- i) determining a dimension of a segment, so that:  
$$S = \tan(90 - (\alpha/2)) \cdot C/2$$
in which  $\alpha$  is a desired angle between both ends on a fork of the main incision line and (C) is the difference determined in step g);
- j) determining a location of a point, distant from the perpendicular line end point, with a value of extension of said segment along the main incision line; and
- k) linking said point to the end points, so to obtain a distribution of forked ends with a desired geometry, with angle  $\alpha$  and a size determined by the distance between points.

Claim 7 (Previously presented): The method according to claim 6, in which a path of said main incision line is such not to cross both insertions of an intracavernosum septum.

Claim 8 (Previously presented): The method according to claim 6, in which said perpendicular lines are drafted passing through points where said line of the central penis axis starts to get farther from said tangential lines no longer coinciding with them.

Claim 9 (Previously presented): The method according to claim 6, in which said perpendicular lines are drafted as passing through any point of the central penis axis (6) which is not over the curved region of the penis.

Claim 10 (Previously presented): The method according to claim 6, in which the angle  $\alpha$  is between  $60^\circ$  and  $180^\circ$ , particularly between  $90^\circ$  and  $150^\circ$ , more particularly about  $120^\circ$ .

Claim 11 (Previously presented): The method according to claim 6, which is employed in a corrective surgery to increase the second side of the penis.

Claim 12 (Previously presented): The method according to claim 6 further comprising the steps of:

- l) determining an extension at the main incision line between the perpendicular line end point;
- m) obtaining dimensions of a rectangular defect, wherein the extension represents a height of the rectangular defect and the difference represents a width of the rectangular defect; and
- n) obtaining dimensions of a trapezoidal defect, wherein the extension represents a height of the trapezoidal defect, wherein a dimension of a shorter base of the trapezoid is between 10% and 50% of the difference value and a dimension of a longer base of the trapezoid is between 110% and 150% of the difference value.

Claim 13 (Previously presented): The method according to claim 12 further comprising the steps of:

- o) proportionally increase the measurements from step m) in case of a rectangular defect, or the measurements from step n) in case of a trapezoidal defect, for the use of grafting material subject to contraction; and
- p) transport and draw the dimensions obtained in steps m) or n) over the grafting material, with a correction of contraction of the grafting material.

Claim 14 (Previously presented): A method to correct penis curvature, said method comprising the steps of:

- a) geometrically determining a location of a main incision line crosswise to a central penis axis, so that it is located over a maximum curved region to be corrected;
- b) correcting the curvature by increasing a shorter side of the penis:
  - b1) geometrically determining a desired distribution and size of forked ends of a main incision line;
  - b2) geometrically determining a size of a defect created by an incision on the main incision line and the forked ends;

- b3) effecting the main incision and the incision of the forked ends, generating a defect;
- b4) introducing a graft over said defect, substantially coincident with the defect, with corrected dimensions corresponding to a contraction of a grafting material of the graft; and
- c) correcting the curvature by reducing a longer side of the penis, the longer side is reduced by a value between an extension of the longer side and an extension of the shorter side of the penis in the curvature region by means of one or more of the following skills selected from the group consisting of plication, pleat, excision and suture, and lengthwise incision and crosswise suture.

Claim 15 (Previously presented): The method according to claim 14, which uses any application of said skills over one or more places inside the curvature region, as long as the total reduction is an extension of the value.

Claims 16-28 (Cancelled).